

<i>SERFF Tracking Number:</i>	<i>AMLC-127294133</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>49179</i>
<i>Company Tracking Number:</i>	<i>ARUMPDGP</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>NON-PART D PRESCRIPTION DRUG COVERAGE GAP RIDER</i>		
<i>Project Name/Number:</i>	<i>NON-PART D PRESCRIPTION DRUG COVERAGE GAP RIDER/ARUMPDGP</i>		

Filing at a Glance

Company: United American Insurance Company

Product Name: NON-PART D PRESCRIPTION SERFF Tr Num: AMLC-127294133 State: Arkansas

DRUG COVERAGE GAP RIDER

TOI: H21 Health - Other

SERFF Status: Closed-Approved-
Closed

State Tr Num: 49179

Sub-TOI: H21.000 Health - Other

Co Tr Num: ARUMPDGP

State Status: Approved-Closed

Filing Type: Form

Author: Tom Cao

Reviewer(s): Rosalind Minor

Date Submitted: 06/29/2011

Disposition Date: 06/30/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: NON-PART D PRESCRIPTION DRUG COVERAGE
GAP RIDER

Status of Filing in Domicile: Pending

Project Number: ARUMPDGP

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Trust, Other

Explanation for Other Group Market Type:
Unions

Overall Rate Impact:

Filing Status Changed: 06/30/2011

Deemer Date:

State Status Changed: 06/30/2011

Submitted By: Tom Cao

Created By: Tom Cao

Corresponding Filing Tracking Number:
ARUMPDGP

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We intend on using this rider to provide an additional package option with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is

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exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated and will be fully negotiated with each group.

Company and Contact

Filing Contact Information

Tom Cao, Compliance Analyst tcao@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5389 [Phone]
McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
P.O. Box 8080 Group Code: 290 Company Type: Life and Health
McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
(972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form filing x 1 form = \$50.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	06/29/2011	49250582

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2011	06/30/2011

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Disposition

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	NON-PART D PRESCRIPTION DRUG COVERAGE GAP RIDER	Approved-Closed	Yes

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Form Schedule

Lead Form Number: ARUMPDGP

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/30/2011	ARUMPDGP	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.200	ARUMPDGP. pdf

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

PART 6 - NON-PART D PRESCRIPTION DRUG COVERAGE GAP RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

This rider is issued to provide certain prescription drug coverage when you have met the Initial Coverage Limit while you are enrolled in a United American Insurance Company Group Medicare Part D Prescription Drug plan specified below ("UA Group Part D Drug Plan").

ADDITIONAL DEFINITIONS

COVERAGE GAP means the Part D benefit stage between the Initial Coverage Limit, and the annual out-of-pocket limit set by Medicare each Calendar Year.

INITIAL COVERAGE LIMIT means the total gross drug costs paid by the Medicare Part D enrollee and their Part D Plan sponsor before an enrollee enters the Coverage Gap. Such limit is defined by Medicare each calendar year. The Initial Coverage Limit referenced in this rider is intended to change automatically to coincide with any applicable changes in the Initial Coverage Limit set by Medicare. Once a Medicare Part D enrollee has met its Initial Coverage Limit, as set by Medicare, they have entered the Coverage Gap.

ELIGIBLE BRAND DRUG EXPENSES means the brand drug expenses incurred by You for Part D prescription drugs covered by the UA Group Part D Plan specified below while you are enrolled.

This new PART 6 – Non-Part D Prescription Drug Coverage Gap Rider is added to Your certificate as follows:

While You are in the Coverage Gap, We will pay the remaining Eligible Brand Drug Expenses after you pay Your copay amount or coinsurance percentage listed in the Copay and Coinsurance Schedule below for the specified UA Group Part D Plan and after any other payment made by the Part D Plan, drug manufacturer, or federal government. You must pay the copay amount or coinsurance percentage listed in the Schedule for each covered drug prescription before we are liable to pay the remaining balance of the Eligible Brand Drug Expenses.

UA Group Part D Plan: [Plan Code]

Copay and Coinsurance Schedule

Retail Pharmacy	
[Tier 1 label Preferred Generic]	- [\$5 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$10 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 2 label Non-Preferred Generic]	- [\$9 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$25 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 3 label Preferred Brand]	- [\$38 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$95 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 4 label Non-Preferred Brand]	- [\$76 copay for a one-month (34-day) supply of drugs in this tier]
	- [\$190 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 5 label Specialty]	- [33% coinsurance for a one-month (34-day) supply of drugs in this tier]
	- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]
Mail Order	
[Tier 1 label Preferred Generic]	- [\$10 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 2 label Non-Preferred Generic]	- [\$23 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 3 label Preferred Brand]	- [\$76 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 4 label Non-Preferred Brand]	- [\$152 copay for a three-month (90-day) supply of drugs in this tier]
[Tier 5 label Specialty]	- [33% coinsurance for a three-month (90-day) supply of drugs in this tier]

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

 SPECIMEN

Secretary

 SPECIMEN

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/30/2011
Comments:		
Attachment:		
AR - Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/30/2011
Comments:		
Attachment:		
ARUEGRUAP.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/30/2011
Bypass Reason: N/A - This is a rider filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/30/2011
Bypass Reason: N/A - This is a rider filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/30/2011

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Bypass Reason:	N/A, this is not a major medical filing.		
Comments:			

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
ARUMPDGP - NON-PART D PRESCRIPTION DRUG COVERAGE GAP RIDER	56.20

Date: June 29, 2011



Michael J. Gaisbauer, Vice President

FORM S-1351

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

APPLICATION

1. a. Group Policy Number: [1234]
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [January 25, 2010]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by United American Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by	_____	Title	_____
Signed at	_____	Date	_____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARUEGRUAP